DOCUMENT RESUME

ED 206 384 PS 012 347

AUTHOR Katz, Matthew A.; Suelzle, Marijean
TITLE Community Coordinated Child Care Systems: Perspectives from Model Organizations.
PUB DATE Mar 77
NOTE 31p.; A summary report of the Conference on Community Coordinated Child Care Delivery Systems (Evanston, IL, March, 1977).

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Community Coordination; *Day Care; *Delivery Systems; *Educational Administration; Financial Support; Money Management; Program Descriptions; Program Improvement; Social Problems
IDENTIFIERS *Community Coordinated Child Care Program

ABSTRACT

The Community Coordinated Child Care (4C's) Delivery Systems Conference was designed to bring together, for the first time, administrators of community coordinated multi-site child care programs from across the United States for the purpose of exchanging detailed information about their organizations and concerns. Six program administrators from Illinois, Kentucky, Florida and North Carolina attended the conference, heard presentations by Illinois State and U.S. Office of Human Development officials, and were interviewed by Northwestern University students studying child care policy and administration. An additional interview with an administrator from New Jersey was conducted by a student visiting that area. Subsections of this conference report discuss the concept of community coordinated child care; alternative models for structuring delivery systems: school-linkages, voucher and developmental assistance approaches to improving delivery systems: cash-flow management, costs of the coordinating agency, complexity of funding mechanisms, and administrator role; and aspects of child care services within the context of the broad social issue of social fragmentation and pluralism, the changing role of the family, and service needs of the future. Highlights of the keynote address by Congressman Abner Mikva are reported and summary descriptions of eight child care delivery systems are provided. (Author/RH)

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Community Coordinated Child Care Systems: Perspectives from Model Organizations*

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*A summary report of the Conference on Community Coordinated Child Care Delivery Systems, March, 1977, College of Community Studies, Northwestern University, Evanston, Illinois.

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Evanston, Illinois
March 1977

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I. Purpose of Conference

In the fall of 1976, the Evanston Committee for Community Coordinated Child Care approached Northwestern University's Field Study Program in Early Childhood Socialization for the purpose of co-sponsoring a conference. The conference was designed to bring together, for the first time, administrators of community coordinated multi-site child care programs from across the country. While many of these administrators knew each other through attending meetings on child care issues, there was no professional association of child care administrators which could provide a forum for in-depth discussions of specific administrative issues. The conference was designed to provide an initial exchange of detailed information about their organizations which would serve as the basis for an on-going dialogue about their collective interests and concerns. Northwestern University students studying child care policy and administration attended the conference as observers in order to extend their classroom knowledge. The students contributed by collecting systematic information about the organizations through individual in-depth interviews with each administrator.

McDonald's Corporation generously provided funding for conference expenses, including a reception and dinner at which participants met with key government, community, and university representatives actively involved in the design and implementation of child care systems. Congressman Abner Mikva (Evanston, Illinois), a leading advocate for comprehensive child care legislation, made the keynote address.

Although over a dozen administrators expressed a strong desire to attend the conference, the lack of travel funds resulted in only six actually attending. Of these, three were from Illinois, one from Kentucky, one from Florida, and one from North Carolina. Subsequently, an interview with an administrator from New Jersey was conducted by a student who happened to be visiting family in that area. A representative from the Illinois Department of Children and Family Services was invited to provide a state perspective, and one from the U. S. Office of Human Development to provide a view from Washington.

Tasks undertaken by the participants were identification of the components of various community coordinated child care systems and of the administrative and social issues surrounding the delivery of child care services. This report is designed as a working paper for discussion and extension of the conference topics.

II. The Community Coordinated Child Care (4C's) Concept

The 4C's concept grew out of a national concern over a proliferation of patchwork child care programs and funding sources without comprehensive planning or coordination. In 1968, an interagency Federal Panel on Early Childhood was formed to develop guidelines for coordination at the federal, state, and local levels. In 1969, the Office of Child Development was established within HEW and given responsibility for implementing the 4C's concept. No new federal funds were provided for coordinating child care services, although 24 pilot projects did receive limited grants. Implementation of the 4C's concept was largely left to local communities. The federal guidelines provided a framework within which quite different organizations developed in response to local conditions. In fact, many coordinated child care systems implemented the concept without adopting the 4C's designation.

The 4C's concept emphasized the importance of participatory democracy. Local 4C's committees were to be made up of persons interested in child care and development, either as representatives of organizations or as individuals. The guidelines suggested membership include: (1) representatives of public agencies (e.g., Head Start, welfare departments, Model Cities), private non-profit agencies, voluntary organizations, business and industry, and proprietary child care centers; (2) parents of children in child care programs; (3) interested citizens and community leaders; and (4) early childhood educators.

The 4C's guidelines explicitly encouraged local communities to work towards:

(1) more and better child care, child development services, and supportive family services for a maximum number of families;

(2) mobilization of community resources and coordination of existing and new child care programs;

(3) ensuring the parents of children in child care programs an effective voice in policy and program direction; and

(4) simplification of administrative relationships between local programs and state and federal governments.

While local coordinating systems uniformly emphasized these goals, the implementation of the objectives varied greatly in terms of organizational structure.

III. Delivery Systems: Alternative Models

Conference participants debated the structural requisites of a child care delivery system. At one extreme, there were those who felt that as long as children were being cared for, there was by definition a system. That is, a woman caring for children in her own home is part of a system which may or may not provide other alternatives. At the other extreme were those who favored a narrow definition restricted only to situations where a centralized agency provides publicly supported direct group care. Functionally, all of the participants agreed that a coordinated child care system has as its purpose the matching of families' needs and desires with available services.

Using a categorization system developed by Gwen Morgan at Wheelock College in Massachusetts, participants were asked to describe their systems as one of four models: (1) task force model, (2) decentralized, purchase-of-service model, (3) semi-decentralized model, and (4) centralized model. Most systems represented at the conference were described as decentralized, purchase-of-service models. Within these systems, centers generally retain autonomous corporate structure or proprietorship and contract for agreed-on centralized services from another corporation. There were exceptions. Union County 4C's (New Jersey) identifies itself with the task force model in which there is regular, voluntary collaboration among totally autonomous service centers. Cook County CEDA (Illinois) functions as a semi-decentralized organization. Centers give up separate corporate structure and become part of one central corporation; centers retain program and service autonomy while the central corporation provides fiscal support. United Day Care Services (North Carolina) follows the centralized model in which centers combine into a single corporation with an overall director and program support staff. The Head Start and Developmental Child Care programs of the Kentucky Youth Research Center also operate under a centralized model.

The eight delivery systems vary greatly on other dimensions as well. The number of children served ranges from 650 by the Rockford 4C's (Illinois) to 20,000 by the Central Florida 4C's. The number of service sites included in the systems ranges from 8 at the local level (Rockford 4C's) to 2300 day care centers and 6600 family day care homes at the state level (Illinois Office of Child Development). Budgets range from a quarter of a million dollars to over $27 million. All of the systems received funds from Title XX as well as a variety of other sources including: Head Start, CETA, CEDA, U.S. Department of Agriculture, Appalachian Regional Commission, municipalities, United Way, private donations, and parent fees. All of the systems provide a range of center-based care and supplemental services for preschoolers. Other programs included in some of the systems are: home- and center-based care for infants and toddlers, before- and after-school care for older children, and bi-lingual/bi-cultural programs.

IV. Delivery Systems: New Directions

Out of a wide variety of creative ideas which were generated concerning how existing systems could be improved, three approaches to the delivery of child care services evoked the most discussion: (1) the school-linkages approach, (2) the voucher approach, and (3) the developmental assistance approach.

The school-linkages approach

Linkages with the public school system are mechanisms for expanding the provision of child care services. Evanston 4C's (Illinois) exemplified this approach. The city of Evanston has had a long-standing financial commitment to the provision of child care services. This commitment, coupled with declining public school enrollments, enabled space to be utilized for child care. Capital outlay for the establishment of new service sites was thereby minimized.

Within public school buildings, the Evanston 4C's provided half- and full-day Head Start programs, after-school programs for 6- to 10-year-olds, and therapeutic day care for emotionally disturbed preschoolers. The extended Head Start, after-school, and therapeutic programs were all funded primarily through Title XX. The local match for the Title XX funds was provided by the school district charging rent for the space utilized by the 4C's and then returning the rental income for use as the local match. While space and maintenance are provided by the school district, personnel and program policies are under the jurisdiction of the 4C's.

This approach to developing linkages with the public schools is seen as having another potential benefit. The ability of public school systems to issue tax anticipation bonds could provide start-up funding for new service sites as well as minimize cash flow problems.

The voucher approach

In addition to operating a variety of day care, Head Start, and home-based programs, United Day Care Services (North Carolina) serves a number of children through a voucher program. This scholarship and resource program, funded by the United Way, began as a mechanism for providing scholarships for children in United Day Care Services (UDCS) centers. It evolved into a mechanism for funding children in centers outside UDCS. United Way money is set aside for scholarships which enable children to remain in centers outside UDCS even though their families become eligible for federally subsidized care. Continuity of care is thus provided for the child when the family's economic status changes. The majority of centers serving UDCS scholarship children are proprietary centers. No judgment is made by UDCS concerning the quality of care provided. Centers may or may not meet federal guidelines.

Although the UDCS scholarship and resource program grew out of a concern for the developmental needs of children, it is consistent with a free market voucher approach. The voucher approach allows parents a

range of choices for child care. In addition, the voucher approach encourages the expansion of publicly subsidized child care services without necessitating the use of government funds for the start-up costs of a new center.

The developmental assistance approach

Unlike the 4C's approach which emphasizes centralization and coordination, the developmental assistance approach emphasizes the importance of parental decision-making and decentralization. This approach is a mechanism through which public monies are used to establish day care centers as independently functioning agencies.

The Kentucky Youth Research Center (KYRC) exemplifies both approaches--that of deliverer of direct care and that by which delivery is made possible by others. In addition to operating its own centers, KYRC has provided seed money and technical assistance to new centers for their initial three years in operation. After the three years of support, centers are expected to become independent from KYRC. While KYRC was optimistic concerning the success of the first three centers assisted, initial difficulties point to the need for the development of boards of directors capable of assuming leadership once the transition is completed.

While the philosophies underlying the 4C's and the developmental assistance approaches differ, they need not be mutually exclusive. Once centers become independent, they may choose to remain affiliated with a 4C's agency to varying degrees -- contracting for single or multiple services such as intake, referral, educational consulting, and special services.

V. Administrative Issues

Despite differences in organizational structure, populations served, and size of the delivery system, the participants identified four common concerns: (1) cash-flow management, (2) cost of the umbrella system, (3) complexity of funding mechanisms, and (4) role of the administrator.

Cash-flow management

Cash-flow management is a chronic problem. The need for a lump sum of money to fund start-up costs and an initial period of operating costs is essential to survival. An agency can be operating in the black on the books and yet go bankrupt due to an inability to pay salaries or bills in a timely fashion. Building up a sufficient cash reserve through fund raising efforts such as raffles, bake sales, or even private donations is generally not feasible.

An alternative means of funding cash flow is that of obtaining a bank loan. Conference participants reported mixed experiences with obtaining bank loans, however. The mechanism for paying the interest if loans are continually renewed is problematic. Although the interest on bank loans is reimbursable as a "reasonable cost," payment of interest cuts into funds available for other operating expenses. The ability to offset interest expenses through interest receipts on deposited funds is often legally prohibited. Nor can agencies allocate a portion of their allowable costs to fund cash flow (for example, by paying off a bank loan). This practice is prohibited as it would eventually result in the agency showing a profit.

In addition to the legal hinderances to building up a cash reserve, varying time lags between the provision of a service and government reimbursement exacerbate cash flow problems. Conference participants reported reimbursement lags ranging from approximately 15 to 80 days depending upon the federal funding source and the state.

A solution would be for the government to provide a non-interest bearing loan to fund start-up and initial operating expenses. This money would be retained for funding cash flow and could not be used for operating expenses. In the event that the agency went out of existence, the loan would be repayable to the government.

Cost of the umbrella system

Regardless of whether or not there is a coordinating umbrella agency, government reimbursements for the cost of care per child remain fixed. The cost of the umbrella system must come out of that fixed amount. Therefore, the umbrella system must reduce operating expenses at the level of the service sites in order to justify the additional level of centralized administrative costs introduced. For example, a smaller number of technical and support services staff may be required if they are hired through the 4C's than if each service site had to make its own staffing arrangements for accountants, social workers, educational consultants, nurses, and psychologists.

Communities' differing views on what is considered essential or desirable to provide quality child care may predetermine whether or not an umbrella system is feasible. Government reimbursements are provided on the basis of what is considered the reasonable cost of care in a community. When full-fee paying families select child care at a given cost, that cost is considered reasonable in that community. If some parents are willing to pay for the additional costs of technical and support services staff, then those services increase the cost of providing child care. By introducing economies of scale, a coordinating agency can then reduce the costs of providing child care. However, if parents are only willing or able to pay for instructional staff (teachers and aides), then these costs could not be reduced by a coordinating agency. Due to fixed staff-to-child ratios, no economies of scale can be effected.

Complexity of funding mechanisms

Conference participants expressed exasperation over the necessity of having to deal with a plethora of uncoordinated funding programs rather than being able to work within a comprehensive child and family services program. Some federal funding programs, for example WIN, were seen as too complicated to even utilize. Questions about how to apply federal regulations (FIDCR) were also raised. For example, participants discussed whether staff-to-child ratio requirements should be applied to an entire center or only to those classrooms in which there were children receiving federal support.

The layers of government bureaucracy were also seen as problematic. For example, participants expressed concern that state agencies intervened in the process of federal monies being channeled to the local level. States are able to delay reimbursement in order to accrue interest on federal funds received. Local agencies bear the brunt of the ensuing reimbursement lag introduced at the state level.

Because federal funds for child care are inadequate to meet even established guidelines, child care agencies are forced to obtain funds from a wide range of unrelated sources--ranging from the ubiquitous bake sale to competing for municipal and charitable funds.

The 4C's administrator: manager and/or program planner

Several conference participants indicated dissatisfaction with the conflicting demands of financial management and program planning. These administrators, having backgrounds in education and/or social services, felt that their skills were valuable assets in the areas of curriculum and program planning. However, day-to-day demands of monitoring money and meeting federal guidelines left little time for identifying programmatic needs. Gertrude Hoffman (HEW) drew an analogy to the health care field where physicians are the direct service providers comparable to the early childhood educator in child care. Whereas hospitals used to be administered by physicians, there is now a distinct profession, hospital administration. As with hospitals in the past, child care agencies are currently administered by practitioners who have moved up through the system. The time may be right for the creation of a distinct profession, child care administration.

VI. Social Issues

Conference participants viewed the delivery of child care services within the context of broad social issues: fragmentation and pluralism, the changing role of the family, and changing service needs.

Fragmentation and pluralism

Child care services are provided to meet a variety of needs, only one of which is concern with the optimal growth and development of all children. Arising from a social welfare orientation, child care services also provide a caretaking function to compensate for inadequate parenting. Arising from a medical orientation, child care services provide nutritional, medical, and dental care. Arising from an employment orientation, child care services provide both jobs and training for adults marginal to the labor force. Child care services also expand and contract to meet the needs created by labor shortages throughout the society (for example, in times of war) or in particular industries (for example, nursing). Arising from concerns about social inequalities, child care services provide compensatory education as a means of minimizing economic disparities. The foregoing orientations are all targeted for specific functions--reducing inequalities, maintaining health, providing jobs. Corresponding programs are housed in different government departments, meeting some needs of adults as well of children. Thus, child care administrators must bring together diverse programs to create a comprehensive delivery system. Since not all of the programs are applicable to all populations, the resultant delivery systems will vary in terms of both quality and cost of care.

Fragmentation of programs is undesirable from the perspective of providing for the optimal growth and development of all children. On the other hand, fragmentation does permit delivery systems to be tailored to the special needs of certain populations. The availability of different services allows consumers a choice. Choice is consistent with our society's pluralistic ideology and more readily permits innovation and change.

The changing role of the family

Children were not viewed independently of families by the conference participants, but rather within the context of their families.

In the past, as in the present, parents have looked to others for help with the care of young children. Such assistance is relatively more available from extended family members, friends, and neighbors, where

families are not geographically mobile. Such assistance is also more readily available when employment situations enable one wage earner to support a family. Increased geographic mobility, combined with less adequate wages in an inflationary economy, make assistance necessary for more parents, but less available from traditional sources. Extended family members, friends, neighbors, and parents are all more likely to be employed, to be geographically dispersed, and thus to be unavailable for child care. Parents, as consumers, are more likely to seek out professional assistance.

For parents as consumers--as well as for child care providers as professionals--the civil rights movement, with its push for compensatory education, raised awareness of the importance of early childhood education for school performance and adult development. As parents become more sophisticated and active in their search for quality child care arrangements, professionals simultaneously become more sensitive to serving culturally diverse populations. Providers, as exemplified by the conference participants, view themselves as in a partnership with parents--providing support services for healthy families.

Changing service needs

While conference participants felt that over the years their systems have provided more and better services, they felt a need to look toward the future in order to establish goals. Administrators felt that in order to continue meeting the needs of children and families they had to look beyond immediate problems and solutions. As Carl Staley (North Carolina) stated, "If you cannot conceptualize what can be or what you want to be, it never will be."

Children's needs have not changed, although the society and families have changed. Children continue to need a sense of their roots, stability, love, self-esteem, and friendships, as well as the opportunity to develop skills and competencies. Society, especially the role of the family, has changed. Given the rate of social change, families have increasing difficulty being able to cope all of the time. For example, parents do not have to be poor, low-skilled, poorly educated, or disabled before they need assistance with child care. Given the current economic recession, coupled with inflation, many middle class two-parent families need two incomes to make ends meet.

Conference participants envisioned child care delivery systems capable of providing support to children and families in times of stability as well as in times of crisis.

VII. Highlights of Keynote Address: Congressman Abner Mikva

It is very easy to be for the family, but it is very hard to do so. It is very hard to make the concept of family something more meaningful than what we like to talk about on the Fourth of July when politicians harangue you about how much they are for the family. The idea of being for the family these days means to take into account, whether my colleagues like it or not, that the number of mothers with preschool-aged children in the labor force has more than doubled since 1960. It is a fact. If you are for the family, you have to take that fact into account. You have to try to figure out how to help working women raise their children, rather than cursing the darkness of divorce and too many women working and too many husbands who fly the coop and all of the other things. These new kinds of families have to be reckoned with.

With all of the effort and all of the funding, both public and private, for day care and other supportive services, the fact of the matter is that there are more children without adequate provision today than there were five years ago. It is no longer a poor people's problem. It has reached the middle class, and hopefully they are beginning to be aware that there is a coalition available, an alliance available, of the kind of people who are concerned about day care and related services that go beyond the welfare concept of suggesting that it is only a poor people's problem.

I am bothered by Title XX as well as by so many other programs in our federal and state laws because it provides benefits based almost exclusively upon the economic status of the parents, rather than on the objective needs of the children. I think that as long as we continue to make children's services geared to poor people and their needs, we are going to be short of what a really complete comprehensive children's service would be. If the purpose is to help the child rather than to provide some kind of indirect food stamps or aid to parents, then what in the world does it have to do with their economic status? We ought to base our emphasis on what is good for the child, in a context of maintaining family stability. We must recognize that whatever we do not do in those early periods is either not going to get done at all or if it gets done later on, it is going to be at a far greater expense, public or private, than if you are going to try to preserve that child in a family setting.

Whatever the mail is about, that is where the Congress and administration will go. There are arguments about where our priorities are going to be. Even good programs, even programs which are supposed to do something about the family, suffer unless there is a strong, vocal, and committed people's lobby to make sure that Congress and the administration know how high a priority they have. Without your direct involvement as child care advocates, it will not happen. You have to make your voices heard. If we are going to have more resources available for new and better delivery systems, then you have to be at the front of that battle. There is no such thing as a preconstructed child care program that will come down from this administration or any other. It is going to happen if, and only if, the real architects of the program are the people who are actually working in the community. You obviously think it is an important battle. So do I. Not only at stake are the lives of our children, but also that institution of the family that we talk so much about.

VII. Descriptions of Model Systems

Detailed information on each of the child care systems represented at the conference was collected by way of an in-depth interview. Interviews were conducted by Northwestern University students studying child care policy and administration. The interviews, lasting between one and two hours, covered: historical development of the systems, the relationship of the central office to the service sites, types of services provided to children and their families, composition of central office staff, funding mechanisms, and policy and administrative procedures.

Following are summary descriptions of the seven child care delivery systems represented at the conference. An additional description is included for the Community Coordinated Child Care of Union County, Inc. (New Jersey). Although the director of Union County 4C's, Joan Smith, was unable to attend the conference, she was willing to provide information about her system.*

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Committee for Community Coord'nated Child Care
for Central Florida, Inc. (4C's)
Orlando, Florida

FOUNDED: 1971 through the Community Planning Council of the United Appeal, the backing of a state senator, and other community leaders.

SERVICE SITES: 97 child care centers (originally 9) in the tri-county area of Osceola, Orange, and Seminal Counties.

CHILDREN SERVED: About 5,500 individual children in the funding program; approximately 20,000 preschoolers in terms of general support services to child care. Children served range in age from birth to fifteen years old. Approximately 50 percent are black, with a significant minority of Spanish-speaking families, and a small number of Indo-Chinese. A few centers are racially segregated, serving all black or all white children, due to residential segregation. About 6 centers serve children with handicapping conditions in separate classrooms for children with mental retardation, physical handicaps, or learning disabilities. Several centers accept children with emotional disturbances and other disabilities directly into regular classrooms.

TYPES OF PROGRAMS: Center-based infant, preschool, and before- and after-school programs. Efforts are being made to change zoning regulations to eventually include family day care homes. No single educational philosophy has been adopted. There are bi-lingual bi-cultural programs in areas serving a high percentage of Spanish-speaking families.

SUPPLEMENTAL SERVICES: Health services and nutritional consultation are coordinated by the 4C's and the Orange County Health Department. Consultation on purchasing and preparing food, counseling and referral for parents in regard to their child care needs, securing consultation on special needs from the public schools, providing parent education, and developing parent involvement are handled by the 4C's. Transportation is provided by some centers.

BUDGET: $3.5 million for 1977 calendar year.

FUNDING MECHANISMS: Title XX, CEDA, Florida Department of Community Affairs, Community Development Act, funds from local municipalities, City of Orlando, Seminal County, Orange County, United Appeal, private donations, and parent fees.

Florida 4C's (cont.)

STRUCTURE OF ORGANIZATION: Decentralized, purchase-of-service model. Centers retain autonomous corporate structure or proprietorship, and contract for agreed on centralized services from the 4C's.

Board Structure: A Board of Directors meets monthly, with an executive committee meeting more frequently. The Board provides policy direction to the 4C's in the areas of money, curriculum, parent involvement, programs, and personnel. A parent advisory committee of the Board is being developed.

Central Office Staff: Projects director, educational director, counselors, secretary, clerical staff.

FUNCTIONS OF CENTRAL ADMINISTRATION: Serves as a coordinating and funding agency, and provides stable, locally based child care services.

Staff Management: Staff management is handled by the individual centers. The recruiting and screening of volunteers, though, is handled by the 4C's in cooperation with the Volunteer Services Bureau. Evaluating staff is conducted by the individual centers, although the 4C's educational director acts like a CDA assessor for credentialling purposes.

Financial Management: Financial management is handled by the individual centers. The 4C's provides technical assistance and a group insurance program for center staff.

Program Management: Establishing goals, planning educational programs, and evaluating curriculum are handled jointly. The maintenance of a literature library, gathering of child care news and information, and the monitoring of programs is handled by the 4C's central office staff.

Community and Client Relations: Fund raising, grantsmanship, advocacy, community relations, recruiting and referring families, intake, needs assessment, and the provision of support services are handled by the 4C's central office. Interagency case management and eligibility determination are handled jointly by the 4C's and the Florida Department of Health and Rehabilitative Services (HRS). Licensing is handled by HRS. Contracts are negotiated by the 4C's except in those instances where monies go directly to one center.

United Day Care Services, Inc.
Greensboro, North Carolina

FOUNDED: 1967 as recommended by a Community Planning Council in response to input from the Council of Jewish Women, the United Way, and day care providers.

SERVICE SITES: 12 day care centers (originally 3 centers) and 25 family day care homes throughout Guilford County; 7 year-round school-aged programs (with 3 additional sites opened during the summer); under Head Start, 9 centers, 5 family day care homes, and some home-based programs; and children with scholarships attending 28 additional day care centers.

CHILDREN SERVED: About 730 in day care, plus 150 in summer day care, 700 in Head Start during the school year, 43 funded through a voucher program, and between 50 and 100 in a child abuse prevention program (up from a total of 92 children served in 1967). Children served range in age from 6 weeks to 13 years. Over 90 percent are black, with some centers exclusively black though none are exclusively white; 90 percent are below-median income. There are a few Vietnamese and Native American Indians. Children with handicapping conditions are served in all programs.

TYPES OF PROGRAMS: Full day care, Head Start, full day family day care homes serving infants to school-aged children, part day (4 hours/day) Head Start family day care homes, after school care, voucher program, a home-based program for 3-5 year old children with developmental delays, and a child abuse prevention service. The full day family day care homes are satellited around four centers, under the administration of the center director. The Head Start family day care homes are operated independent of, but relate to, a Head Start center in that the children go in to a center one day a week from each of the homes. One of the 12 centers serves only school-aged children, operating after school, on school holidays, and in cases of emergency school closings (e.g., snow days). A Scholarship and Resource voucher program is used where children become eligible for Title XX funding, but it would be disruptive to move them from the centers they have already been attending. Home-based service staff provide instruction and materials to parents with their children in their own homes. Child abuse prevention services include providing: information to the public, an interdisciplinary resource team available to anybody in the community who is working with a child-abusing family, and supervision of parent aides who provide support to families under stress.

SUPPLEMENTAL SERVICES: The agency operates centralized food services, and offers transportation. A federally funded Children and Youth Project provides comprehensive health care to eligible families in the county. Day care centers are served by public health nurses; Head Start provides more extensive medical, dental, psychiatric, and psychological services. There is a parent resource center and library in every program.

BUDGET: $2.5 million for 1976 calendar year.

FUNDING MECHANISMS: Title XX, state and county matching funds, Community Development grant, Head Start, federal food service monies (90%); United Way (3%); parent fees (5%); other (2%).

Greensboro (cont.)

STRUCTURE OF ORGANIZATION: Centralized model. Centers combine into a single non-profit corporation with overall director and program support staff.

Board Structure: An agency Board of Directors is composed of parents and community members. The board deals with policy-making rather than administration--personnel policy, setting goals and objectives, establishing budget, maintaining credibility in the community, and cash flow. Two additional policy boards, one for Head Start and one for the Child Abuse Prevention Service, set policies applicable to their particular programs. Their policies are subject to review by the agency Board. The Board of Directors meets monthly for nine months out of the year, with an executive committee meeting as necessary.

Central Office Staff: 53 full-time and 33 part-time positions, including Executive Director, director of day care services, director of Scholarship and Resources, director of Child Abuse Prevention Service, director of Head Start division, director of central support services, food service staff, transportation drivers, maintenance and warehousing workers, secretarial/clerical staff, fiscal/personnel staff, and 18 parent aides (all part-time). An additional 175 staff provide direct care in centers and homes.

FUNCTIONS OF CENTRAL ADMINISTRATION: Serves to administer agency and implement policy established by the Board of Directors.

Staff Management, Financial Management, and Program Management: Handled by central office staff.

Community and Client Relations: Community relations, advocacy, needs assessment, grantsmanship, referral and support services, inter-agency case management, licensing, and professional relationships are handled by central office staff. Eligibility for day care is determined by the State Department of Social Services; eligibility for Head Start is determined by the individual programs; eligibility for scholarships is determined by the program director; and eligibility for the Child Abuse Protection Service is automatic and covers the entire county.

Kentucky Youth Research Center (KYRC)
Frankfort, Kentucky

FOUNDED: 1962 by professionals at schools of social work, concerned citizens, women active in civic affairs, and staff of the Department of Child Welfare (now the Department of Human Resources).

SERVICE SITES: The Rural Child Care Program (RCCP) and the Developmental Child Care Program (DCCP) are operated directly by KYRC in 14 counties. Coordination of 6 corporations initially begun as child care demonstration projects in 21 counties. There are approximately 57 service sites.

CHILDREN SERVED: About 2250 children, including 940 in RCCP, 510 in DCCP, and 800 served indirectly through 6 corporation subcontractors. Children served range in age from 3 to 6 years old. Very few are black. There are usually only about one percent minority children in a community. No centers are racially segregated. Very few children with handicapping conditions are served through KYRC; there are other programs to serve these children. About 70-80 percent of those families served are low income as defined by Title XX; the remainder include all higher income levels.

TYPES OF PROGRAMS: All the programs are nonprofit and offered for preschoolers. Each center develops its own curriculum, drawing from four basic educational models: (1) open education model developed at Syracuse University, (2) cognitive model developed by the High Scope Research Foundation at Ypsilanti, (3) traditional nursery school model used by Head Start, and (4) Appalachian curriculum developed primarily by KYRC with assistance from the University of North Carolina, Greensboro.

SUPPLEMENTAL SERVICES: There are 1-3 health social service aides per county who also provide parent education. KYRC provides a dentist and dental trailer, a project nurse who coordinates health screening, a coordinator for services to children with handicapping conditions, a nutritionist, and intensive speech screening and treatment. KYRC owns and operates buses which transport over 85 percent of the children served. This extensive busing is needed to organize and get the children out to the centers, especially in the rural areas.

BUDGET: Budget has grown 300 percent over last 10 years from Head Start as the single source to 8 major funding sources. (No dollar amount available.)

FUNDING MECHANISMS: Title XX, State of Kentucky Purchase of Day Care Program, USDA Special Foods Program, Appalachian Regional Commission, parent fees, public donations, community funds, and Medicaid reimbursements.

Kentucky's KYRC (cont.)

STRUCTURE OF ORGANIZATION: KYRC operates as a centralized model for Head Start and DCCP--centers combine into a single nonprofit corporation, with an overall director and program support staff. The six subcontracted corporations and three new centers are operated on a decentralized purchase-of-service model.

Board Structure: Four levels of policy/advisory boards exist: (1) The 20-person KYRC Board of Directors has statewide representation. It is responsible for corporate programming and financial policy. (2) The Full Project Policy Advisory Committee provides advice concerning center services. Between 2-4 representatives from each of 14 counties serve on the Committee. Approximately 2/3 are parents. The Committee serves as a communication vehicle for parents between counties. (3) A County Policy Advisory Committee exists in each of the 14 counties, and provides specific direction to the programs in that county. At least 1/2 of each committee are parents. (4) Each center has a Parents' Committee.

Central Office Staff: Executive director, a director of program planning and development (PPD) with 3 staff, 8 staff in fiscal and technical services, 4 support staff directed by an administrative secretary, 8 health services staff, 1 coordinator of social service training, 1 coordinator of child development training, 5 field operations supervisors, 5 county cluster supervisors, and 340 employees at the center level including social workers.

FUNCTIONS OF CENTRAL ADMINISTRATION: Created as a demonstration and research agency to reach low income rural families and to train nonprofessionals.

Staff Management: Setting personnel policies is handled by the KYRC Board of Directors. Evaluating staff and setting staff schedules is handled by the cluster supervisors. Hiring and firing is handled jointly by the cluster supervisors and parents of the centers. Supervising staff is handled by the cluster supervisors and senior teacher at each center. Recruiting, screening, and supervising volunteers is handled primarily by the health social service aides.

Financial Management: Most financial affairs are handled at the central level. Fee collection is handled by the county level social service staff. The budgeting process is shared by the central office fiscal staff and the cluster supervisors.

Program Management: Establishing goals and program development is handled by the program planning and development (PPD) unit and the cluster supervisor group. Educational program planning, evaluation of the center's curriculum and organizational performance are handled by the cluster supervisors. The PPD unit maintains an equipment and literature library and gathers child care news and information. The central office fiscal unit monitors the programs and maintains information systems.

Community and Client Relations: Negotiating contracts and advocacy are handled by the PPD unit. Fund raising and grantsmanship are handled by the PPD unit and local level staff. Interagency case management is handled at the county level. Licensing is handled by the central office. Recruiting and referring families, intake, and community relations are handled by the county level social service staff. Eligibility determination varies by funding source. The central office and cluster supervisors allocate funds to centers.

Community Coordinated Child Care of Union County, Inc. (4C's)
Elizabeth, New Jersey

FOUNDED: 1973 by Junior League of Summit, N.J., the United Way of Union County, day care centers, and parents.

SERVICE SITES: 27 federally funded programs and 88 privately funded programs. The private programs include family day care homes, nursery schools, and cooperative play groups.

CHILDREN SERVED: About 10,000 children are served throughout the county, ranging in age from birth to 14-years-old. All of the programs in urban areas are racially integrated. Handicapped children are mainstreamed in some of the programs. When a center serving handicapped children closed, the 4C's assisted in mainstreaming the children. Two bilingual programs operate in Spanish-speaking communities.

TYPES OF PROGRAMS: Infant care, preschool, after-school, nursery schools, and co-operative play groups. A family day care system was begun in 1977. The bulk of the programs serve preschoolers with infant care for children 0 to 18 months growing. There are two infant care programs. An infant-toddler program is sponsored by the board of education in Elizabeth for children of mothers enrolled in the public schools.

SUPPLEMENTAL SERVICES: The 4C's provides consultation to the service sites on such matters as nutrition, transportation, and parent education and involvement, particularly in instances where there is a problem to be solved. The 4C's offers seminars on a wide range of topics such as boards, administration, curriculum, bookkeeping, auditing, taxes, management, legal aspects of day care, and fund raising. Recognizing the secretary as a focal point of social service agencies, the 4C's has conducted 8-week seminars for secretaries.

BUDGET: From $109,000 initially to $272,000 for the 1977 calendar year representing an increase in the range of services offered.

FUNDING MECHANISMS: $46,000 under Title XX, of which $11,000 is raised from private donations; $98,000 grant from the county CETA program for day care training; $78,000 from Elizabeth CETA for family day care; $50,000 to provide day care services for CETA workers.

Elizabeth 4C's (cont.)

STRUCTURE OF ORGANIZATION: Task force model. Regular, voluntary collaboration among totally autonomous service centers. Centers do not join the 4C's, but all centers in Union County derive benefits from the 4C's. That is, every year prior to the annual meeting, centers are requested to express interest in serving on the board of directors. A nominating committee then selects the centers which will actually participate for that year.

Board Structure: The 4C's board of directors is primarily concerned with monitoring the programs operated by the central office (e.g., training and family day care projects). In addition to developing the budgets for these programs, the board establishes and evaluates goals for the 4C's and assesses community needs. The board is composed of 27 members--9 are from the community at large, 9 are providers of services, and 9 are parents. Board members from the community include representatives from corporations, county government, community organizations, the professions, public schools, Junior League, and hospitals. Board members who are providers of services are either agency directors or agency board members; parents tend to be active in parent groups at the center level. The board of directors meets four times a year. An executive committee, composed of 4 officers elected from the board and 3 committee chairpersons, meets more frequently. Committees are set up in the areas of development, training, and health. Committees meet separately from board meetings, at which times other agencies actively participate.

Central Office Staff: Executive director, administrative assistant, bilingual secretary, clerk typist, director of training, family day care coordinator, day care trainer, home educator, and occasional consultants. The day care trainer supervises the training of parents to become child care workers. The home educator provides training and technical assistance to family day care providers.

FUNCTIONS OF CENTRAL ADMINISTRATION: Serves to provide technical assistance, particularly in the area of training.

Staff Management, Financial Management, Program Management, and Community and Client Relations: Centers are totally autonomous. Programs funded through the 4C's are administered by the central office staff with input from the centers through their participation on the board of directors and its committees.

Evanston Committee for Community Coordinated Child Care (4C's)
Evanston, Illinois

FOUNDED: 1969 by representatives from the health department, the city, Northwestern University, day care centers, nursery schools, family day care homes, and parents.

SERVICE SITES: 18 centers and 6-9 family day care homes, all located in the City of Evanston.

CHILDREN SERVED: Over 1000 children from 421 families, ranging in age from 6 months to 10 years old. All centers serve children from a range of economic backgrounds, from third generation welfare mothers to professional women with high salaries. All centers are racially mixed although the proportions vary. Head Start is almost entirely black, whereas a few centers serve only a couple of black children. Among Title XX guideline families, about half are black. Only a few Latinos, Haitians, and Jamaicans are served.

TYPES OF PROGRAMS: Center day care for 2 1/2- to 5-year-olds, infant day care, family day care, full-day Head Start, after-school care, therapeutic day care (emotionally disturbed children), and early intervention programs for children with handicapping conditions. The programs vary in educational philosophy, including compensatory, Montessori, psychoanalytic, behavior modification, developmental, and traditional nursery school approaches.

SUPPLEMENTAL SERVICES: Social, educational, and health care services, transportation, and parent involvement. Each social worker is assigned to a specific number of centers which they visit regularly. Social workers respond to a variety of problems, including child abuse, employee relations, and family crises. An educational specialist helps centers set up and implement educational plans, as well as conducting in-service training for center and day care home staff. The City Health Department is reimbursed for services to children. Transportation is provided only in protection cases, i.e., children receiving day care because of child abuse.

BUDGET: From a starting budget of $200,000 per year to $1.2 million for guideline children only in 1978 fiscal year representing an increase in services and in quality of staff, as well as inflation.

FUNDING MECHANISMS: Title XX; cash match from City of Evanston, United Community Services fund, Infant Welfare Society, Northwestern University, Mental Health Board; space donation from schools; computer time from a local insurance company; grant-in-aid from State of Illinois; yearly fund-raising event.

STRUCTURE OF ORGANIZATION: Decentralized, purchase-of-service model. Centers retain autonomous corporate structure or proprietorship, and contract for agreed on centralized services. However, over 1/3 of the services are contracted directly between the Evanston school system and the State of Illinois, with Evanston 4C's subcontracting for central services, which reverses the process. Services such as social workers and parent groups are centralized.

Board Structure: Policy board with a total of 20 people including parents, individuals, private and public agencies. Seven-member executive committee meets monthly; entire body meets quarterly to ratify policy decisions such as budget and personnel. Additionally, center directors meet monthly for communication and coordination, but do not make policy.

Central Office Staff: Executive director, bookkeeper, administrative assistant/secretary, outreach worker, social workers, educational consultant (1/2 time).

FUNCTIONS OF CENTRAL ADMINISTRATION: Serves as a coordinating body to create greater equity and options for families.

Staff Management: Executive director is hired by the policy board. Executive director is responsible only for hiring and supervising central office staff; staff in the individual service site programs are hired and supervised by center directors. Evaluating staff and setting personnel policies are correspondingly split between the central office and service sites. Substitute teachers are generally recruited centrally. There is a separate Volunteer Bureau in Evanston.

Financial Management: Fee collection, purchasing, and property management are handled solely by the service sites. Accounting, financial reporting, contract billing, and reporting and budgeting are performed at the service sites, then referred to the central office for consolidation. The centers use budget forms created by the 4C's. The 4C's is financially responsible to the state. Group health insurance for central office and service site staff is handled by the 4C's.

Program Management: The policy board sets goals for the association. The 4C's serves as a resource center to assist centers in their educational program planning. There is a resource center equipment and literature library for staff and parents. Using instruments provided by the Illinois Department of Children and Family Services, the 4C's evaluates the centers' curriculum, administration, social services, and parent involvement.

Community and Client Relations: Negotiating government contracts and obtaining agency and corporate funding is the responsibility of the executive director. The 4C's allocates funds to the service site centers. Advocacy and public relations are handled by the policy board and the executive director. The Northern Illinois Planning Commission conducts needs assessments. Centers are licensed individually by the state. State licensing representatives involve the 4C's in the event of a violation; the 4C's works with the center to ameliorate the problem. Recruitment, intake, and eligibility determination are handled by the 4C's.

Rockford Committee for Community Coordinated Child Care (4C's)
Rockford, Illinois

FOUNDED: 1968 by day care center staff and parents, with the greatest thrust coming from United Way. Funding did not begin until 1972.

SERVICE SITES: 8 centers (originally 4); no family day care homes.

CHILDREN SERVED: About 650 children, ranging in age from infants to 12 years old. Centers are racially segregated due to neighborhood residential patterns and lack of transportation systems. About 2/3 of the children served are from Title XX guideline families.

TYPES OF PROGRAMS: Center day care for 2- to 6-year-olds (about 350 guideline children), one infant day care center, and pre- and after-school care for 6- to 12-year-olds (about 75 guideline children). Programs are eclectic, designed to foster cognitive and socio-emotional development. No special programs for handicapped or Spanish-speaking children are provided, though a need for both has been identified.

SUPPLEMENTAL SERVICES: The 4C's and the Public Health Department Coordinate health services to the centers. The 4 C's has conducted a needs assessment to be incorporated into a health plan. The 4C's arranges bulk food purchasing discounts, though center directors are responsible for budgeting their own food costs. The 4C's refers parents to the centers for counseling on an informal basis, since there are no social workers on the staff. Parent involvement occurs at the center level. School-aged children are able to ride the school bus to their after-school programs.

BUDGET: $800,000 for the fiscal year beginning in July 1977, including $54,000 for the central office.

FUNDING MECHANISMS: Title XX (75%); United Way (10%); Illinois Department of Children and Family Services and Department of Public Aid, and City of Rockford (15%). Funding from the City of Rockford began in 1976. For the 1976-77 fiscal year the Title XX per diem was $7.50. A loan of $25,000 from United Way was made to the original centers to ease initial cash flow problems resulting from lag in government reimbursement.

STRUCTURE OF ORGANIZATION: Decentralized, purchase-of-service model. Centers retain autonomous structure; purchase of service funds flow through the 4C's to the centers.

Board Structure: The 4C's board of directors relates to the day care centers as a funding agency. The board consists of 12 members from the community at large and 6 parents of children in the day care centers.

Central Office Staff: Executive director, secretary, bookkeeper, and half-time clerk typist.

FUNCTIONS OF CENTRAL ADMINISTRATION: To obtain money, distribute funds, and monitor the centers' use of funds.

Staff Management: Supervision, training, and evaluation of staff is shared between 4C's and the centers. Setting personnel policies, and recruiting volunteers and substitute teachers are also handled jointly. Hiring, firing, and setting staff schedules are handled by the directors in the individual centers.

Financial Management: The 4C's advises and monitors the centers on their routine bookkeeping, accounting, financial reporting, and budgeting. For example, the centers use a uniform budget method provided by the 4C's. Contract billing and reporting are performed at the service sites and then referred to the central office for consolidation. Purchasing of supplies and equipment is done by the individual centers with discounts available through their affiliation with the 4C's. Insurance for day care center staff is provided through the United Way. Property management and fee collection is handled solely at the service sites.

Program Management: All aspects of program management are shared between the 4C's and the centers, although the degree of responsibility varies. Establishing goals and educational program planning are primarily the responsibility of the centers. Evaluating centers' organizational performances, monitoring programs, and maintaining information services are largely the responsibility of the 4C's. Curriculum evaluation is shared equally.

Community and Client Relations: Negotiating contracts and grantsmanship are the responsibility of the central office. Advocacy and community needs assessment are handled primarily by the 4C's with input from the service sites. Community relations and fund raising are shared relatively equally. Case management, licensing, referrals, and intake are primarily the responsibility of the centers. For Title XX guideline families, eligibility is determined by the state; for full fee-paying families, eligibility is usually determined by the centers.

Day Care and Child Development Division
Community and Economic Development Association of Cook County, Inc. (CEDA)
Chicago, Illinois

FOUNDED: 1971 through a Parents' Policy Council by expanding an existing Head Start Program.

SERVICE SITES: 27 centers (originally 11). Three of the original centers were phased out through consolidation.

CHILDREN SERVED: About 2,400 currently served compared to about 1,000 in 1971. There was a steady growth rate in between. Beginning February 1977, a controlled growth rate was instituted, adding 50-100 slots per month. Children served range in age from birth to 14 years, including about 15 percent with handicapping conditions and approximately 70 percent black, 25 percent Latino, and 5 percent Anglo. Two programs, located in entirely black areas, are racially segregated. Children served are primarily from low income families with Head Start guidelines permitting up to 10 percent non-guideline children.

TYPES OF PROGRAMS: All 27 centers offer half-day and full-day care, one serves infants, 8 provide after-school care; about half are bilingual-bicultural programs. The basic curriculum for all the centers is an individualized program modeled on the Santa Clara developmental curriculum. Family day care homes were involved in the past, and are intended to be included again in the future.

SUPPLEMENTAL SERVICES: The individual centers provide health services, nutritional consultation, counseling and social services, consultation on special needs, transportation, parent education, and job training and placement for parents.

BUDGET: $6-7 million.

FUNDING MECHANISMS: Title XX (30%), Head Start (30%), Illinois Office of Education, Illinois Department of Mental Health and Developmental Disabilities, U. S. Department of Agriculture, Cook County, approximately a dozen township and municipal governments, and private sector (40%).

STRUCTURE OF ORGANIZATION: Semi-decentralized model. Each center is a semi-autonomous operation with its own director and its own board. The central organization sets county-wide performance standards and then each local center is free to operate within these standards. Some of the local centers retain separate corporate structures and are called delegate agencies under the central corporate structure.

Board Structure: There is an overall board of directors for the CEDA agency. There are advisory boards for parents and center staff in areas such as health, curriculum, and budget. Parents are on all committees, which meet monthly. For example, each center develops a projected budget which is submitted to CEDA. The executive director and the central parents' budget committee review the budget and propose allocations. The centers then have the opportunity to revise and resubmit their budgets, i.e., it is a two-cycle budget process. All budgets must be approved by the parents' committee at the local level before being submitted to CEDA.

Central Office Staff Positions: Director, controller, deputy division director, program coordinator, job developer/employment specialist, accountant, property administrator, bookkeeper, administrative assistant, management information specialist, secretary, computer terminal operator, outreach worker, typist, receptionist.

FUNCTIONS OF CENTRAL ADMINISTRATION: Serves to implement policy established by the parents' boards.

Staff Management: Setting personnel policies and staff schedules is handled at the central level. Hiring, firing, and supervising staff and volunteers is handled at the local level. Training and evaluating staff is handled at both levels. CEDA personnel policies stated in a 30-page manual which is provided to all employees.

Financial Management: Accounting, financial reporting, contract billing, banking, payroll processing, property management, and the provision of insurance and benefits are handled at the central level. Routine bookkeeping, fee collection, and purchasing are handled at the local level. Budgeting is shared.

Program Management: Establishing goals, developing programs, planning educational program, maintaining an equipment and literature library, and gathering child care news and information are handled at the central level. Evaluating curriculum and organizational performance, monitoring programs, and maintaining information systems are shared by the central and local levels.

Community and Client Relations: The allocation of public and private funds to centers, advocacy on child care issues, interagency case management, and professional relations are handled at the central level. Determining eligibility, handling intake, recruiting and referring families, handling licensing matters, and providing support services to family day care providers are functions of the individual centers. Community relations, fund raising, grantsmanship, and needs assessments are shared. In establishing contracts, the individual center might negotiate, but the central office would sign them.

Office of Child Development (OCD)
Illinois Department of Children and Family Services (DCFS)
Springfield, Illinois

FOUNDED: Established as a unit within DCFS as recommended by the Statewide Day Care Advisory Committee.

SERVICE SITES: 250 programs which include 2300 centers, and 6600 family day care homes throughout the State.

CHILDREN SERVED: Approximately 11,000 children are funded directly, with a vastly larger number of fee-paying children receiving benefits through services to funded or licensed facilities. Primarily funded are preschoolers, with a growing number of school-aged children, and a small number of infants. There are some children with handicapping conditions. Children funded are from low income families due to state eligibility guidelines.

TYPES OF PROGRAMS: Only one of the 250 programs is operated for profit. Programs funded are primarily center day care, including 15 bilingual/bicultural migrant programs. There is no predominant educational philosophy.

SERVICES PROVIDED: OCD contracts directly with day care centers or coordinating agencies such as Evanston 4C's. DCFS conducts an evaluation of centers every other year. Licensing is handled by DCFS with OCD providing training to the licensing staff. OCD functions as a planning agency for implementing new legislation.

BUDGET: $1.2 million operating budget for OCD staff and related expenses in 1976-77 fiscal year, with $27 million budgeted for programs to provide direct care.

FUNDING MECHANISMS: The operating budget comes from State general revenue funds. Monies from Title XX are funneled through OCD for the provision of direct care. The major grant is $300,000 for the migrant program. The proposed budget is submitted to the Bureau of the Budget, then to the Governor, then to the legislature, and back through the same steps. Even if the legislature approves the budget, the Governor or the Bureau of the Budget can put some funds in reserve if the State Treasury cannot handle the appropriation request. No increases for most programs have been given for 3 years.

STRUCTURE OF ORGANIZATION: Decentralized, purchase-of-service model. Centers retain autonomous corporate structure or proprietorship, and contract for agreed upon services from OCD. DCFS was decentralized in 1973 from 8 regions to 18 area offices with 100 field offices. OCD's central office has no line authority to the local DCFS offices.

Board Structure: There is a Statewide Day Care Advisory Committee. DCFS has an advisory council covering all services. A task-force model is utilized for short-term jobs, such as studying and designing a new day care rate, and developing a system for certifying centers exempt from licensing (e.g., programs run by public or private schools or as part of an institution of higher learning).

Central Office Staff: Administrator, 2 evaluators, 1 planner, 61 licensing staff, 1 accountant, 1 eligibility determination specialist, and 5 technical assistants. For the migrant program there is additionally an educational coordinator, a health coordinator, a handicap specialist, and a resource team leader. OCD follows the state civil service classification, using the executive series (as opposed to the social service series, for example).

FUNCTIONS OF CENTRAL ADMINISTRATION: Created as a unit within DCFS to avoid fragmentation and enhance accountability.

Staff Management: Handled at individual service sites.

Financial Management: Most of the actual bookkeeping is done at the service sites. OCD is responsible for checking the monthly claims submitted for reimbursement, maintaining records and statistics, and reviewing the day care centers' annual audits.

Program Management: OCD functions primarily to monitor programs and maintain information systems. OCD assists centers to evaluate curriculum and performance through a comprehensive self-assessment tool. OCD maintains a library in the Chicago office, and produces a newsletter which goes out to all funded programs.

Community and Client Relations: Contracts are negotiated by an OCD technical assistant and a 4C's board or the centers. OCD receives Title XX funds and other federal grants which are funneled to service sites. Local centers are responsible for raising additional funds. In terms of interagency case management, there is direct and frequent involvement with the Illinois Department of Public Aid (DPA), for example, determining borderline cases of Title XX eligibility or investigating cases of child abuse and neglect. OCD advocates on child care issues particularly as they relate to obtaining additional state funds. Recruitment, referral and intake of families are handled at the service sites. Eligibility determination is handled by DPA. Allocation of funds to centers is based upon applications received, with consideration being given to community needs.